

## **ABSTRACT**

**AUTHOR : DR.SINDHU. S, PROF.DR.USHA RANI MD, DGO**

**DEPARTMENT OF OBSTETRICS & GYNAECOLOGY,  
MMC, CHENNAI**

### **Introduction :**

Caesarean section are lifesaving procedures that are firmly ensconced in obstetric practice. The proportion of all deliveries by caesarean section in a geographical area is a measure of access to and use of common obstetric intervention, for averting maternal and neonatal deaths and for pursuing complication.

The acceptable limit of caesarean section according to WHO is 5-15 %.There are many reasons for upswing of caesarean section such as failed induction, fetal distress, malpresentations, cephalon pelvic disproportion etc.,. Criteria for failed induction have not been standardized.

The increase in prevalence of induction and lack of definition for failed induction contributes to unnecessary caesarean. There are various factors which influence the success of the induction and its failure

### **OBJECTIVE:**

- The risk of operative delivery at term increases linearly with age at first birth. It has been hypothesised that this is because of a deleterious effect of a prolonged interval between menarche and first birth on uterine

function. The aim of this study was To sort out the existence and magnitude of existence of various factors such as age at menarche, age at marriage and age at first birth upon operative first delivery and normal delivery.

## **Methods :**

Study design : Descriptive cross section study

Period of study :1 year (July 2016-june 2017)

Place of study : Hospital based study at Institute of Obstetrics and Gynaecology,  
Egmore, Chennai.

Sample size: 600

Of all the women included in the study the age menarche , age at marriage, and age at delivery will be recorded.The outcome of the labour will be recorded.

The correlation between the age at menarche and the mode of delivery will be estimated. .

## **RESULT:**

The rate of operative delivery was highest among group 1 (59.3%, menarche age <12years), lower in group 2 (33%, menarche age 13-15years) and lowermost in group 3 (7.6%, menarche age – 16years).

There was no association between age at menarche and the risk of operative delivery following adjustment for the interval between menarche and the first birth (adjusted odds ratio 0.98, 95% CI 0.77-1.25).

A prolonged interval between menarche and first birth will result in prolonged pre-pregnancy stimulation of the uterus by oestrogen and progesterone, with the exact pattern being determined by the contraceptive method employed. The most common cause for operative delivery among women having their first birth during labour at term is poor progress during labour.

## **CONCLUSION:**

Later menarche is associated with a decreased risk of operative delivery by decreasing the interval between menarche and first birth. The observation is consistent with the hypothesis that prolonged hormonal stimulation of the uterus prior to the first birth has a deleterious effect on uterine function.

## **KEY WORDS :**

Operative delivery, failed induction, malpresentaion, contraception, estrogen.